



Starner Tax Group is not licensed by the Arkansas State Board of Public Accountancy

## Customer Information Sheet

If you are **claiming dependents** please complete our **Dependent Sheet** on the back page

\* **SSN** and **DOB** is only needed if **not** on file \*

DATE: \_\_\_\_\_

➤ Taxpayer Name: \_\_\_\_\_

SSN (if **not on file**): \_\_\_\_\_ DOB (if **not on file**): \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_ (Home/Work)

Email: \_\_\_\_\_

Photo ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_ Drivers License \_\_\_ State ID \_\_\_ Military ID

➤ Spouse Name: \_\_\_\_\_

SSN (if **not on file**): \_\_\_\_\_ DOB (if **not on file**): \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_ (Home/Work)

Email: \_\_\_\_\_

Photo ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_ Drivers License \_\_\_ State ID \_\_\_ Military ID

➤ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

➤ Did you start a new business? **Y / N**

\_\_\_ Sole Proprietor \_\_\_ Partnership

➤ Did you close an existing business? **Y / N**

\_\_\_ S-Corporation \_\_\_ C-Corporation

▼ ▼ ▼ If this is your first time to our office, we'd love to know!! ▼ ▼ ▼

### *How did you hear about us?*

\_\_\_ I was referred by a friend or family member

—————> Name of Referral: \_\_\_\_\_

\_\_\_ Heard about us on the radio

—————> Radio Station: \_\_\_\_\_

\_\_\_ Social media

—————> Media Platform: \_\_\_\_\_

\_\_\_ Website

\_\_\_ Drove by and saw us!